

Name
is
Full

CERTIFICATE OF DEATH

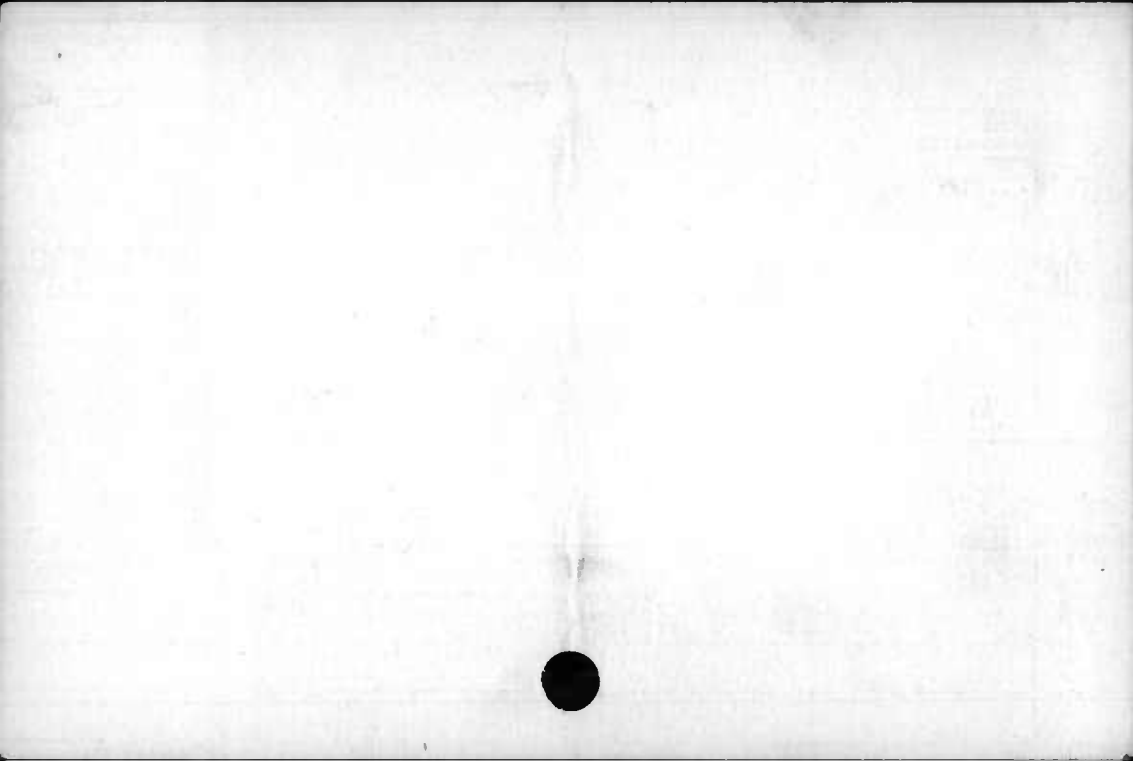
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkhorn		County Cecil		MARYLAND	
Date of death	1907	Month Feb.	Day 28	Age 60	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Italy
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Antonio Santagada				Father's Birthplace	Italy	
Mother's Maiden Name	Marie Arnesen				Mother's Birthplace	Italy	
Name of person giving In formation	Antonio Santagada				How related to deceased	Father	

CAUSES OF DEATH

Primary	Chro. Endo-Carditis		How long	19
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Thomas Jenkins
			Address	Elkhorn
				Ma
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Ellen E. Tabler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Died at		Color of Race		Where Residing if not at place of death		at	
Date of death	Month	Day	Age	Years	Months	Days	
1907	Feb	8th	42		9		
Sex	Female		White		Birth-place		
Occupation	House Wife		at				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Samuel B. Nesbitt					Father's Birthplace	
Mother's Maiden Name	Susan Ferguson					Mother's Birthplace	
Name of person giving information	William J. Nesbitt					How related to deceased	
						Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lober Pneumonia	How long	
Immediate	Exhaustion	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Rouland
		Address	Liberty Grove, Mo
Accident or Suicide?			

Next 22 -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *William E. Davidson*Died at *Bay View* Town

County

MARYLAND

Date

of death *1907*

Month

2

Day

12

Age

65 Years

Months

Days

Sex

*male*Color or
Race*White*Birth-
place*Bay View*

Occupation

*farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
HusbandFather's
Name*John Davidson*Father's
Birthplace*not known*Mother's
Maiden Name*not known*Mother's
Birthplace*not known*Name of person giving
In formation*Sarah E. Davidson*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

General Weakness

How long

from 2 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. Davidson
1135

Accident or Suicide?

Waynew

TO BE ANSWERED BY
NEAREST FRIEND

Mary E Davis

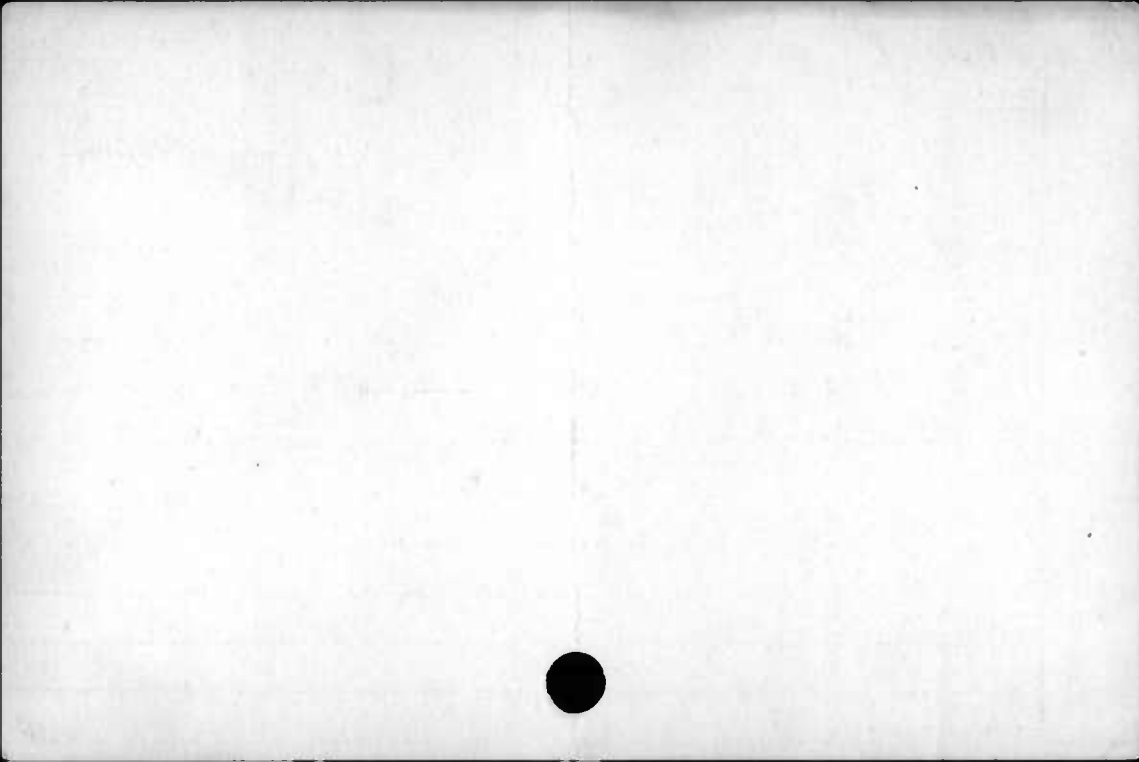
CERTIFICATE OF DEATH

Died at <i>near Cecilton</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>2</i>	Day <i>14</i>	Age <i>80</i>		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co. Ind-</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John H. Davis</i>					
Father's Name <i>Benedick Jones</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Hester G. Price</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>E. J. Davis</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>80</i>	How long
Immediate <i>Anginal Pectoris</i>		How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R M Black</i>	
	Address <i>Cecilton Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>		



Name
in
Full

Rachel Null Ewing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Port Deposit		County Cecil		MARYLAND	
Date of death 1907		Month Feb		Day 4		Age —	
Sex Female		Color or Race White		Birth- place Port Deposit		Months 3	
Occupation		Where Residing if not at place of death		Days 20			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name C. A. Ewing		Father's Birthplace Lyons, Pa					
Mother's Maiden Name A. M. Null		Mother's Birthplace Carlisle, Pa					
Name of person giving Information C. A. Ewing		How related to deceased Father					

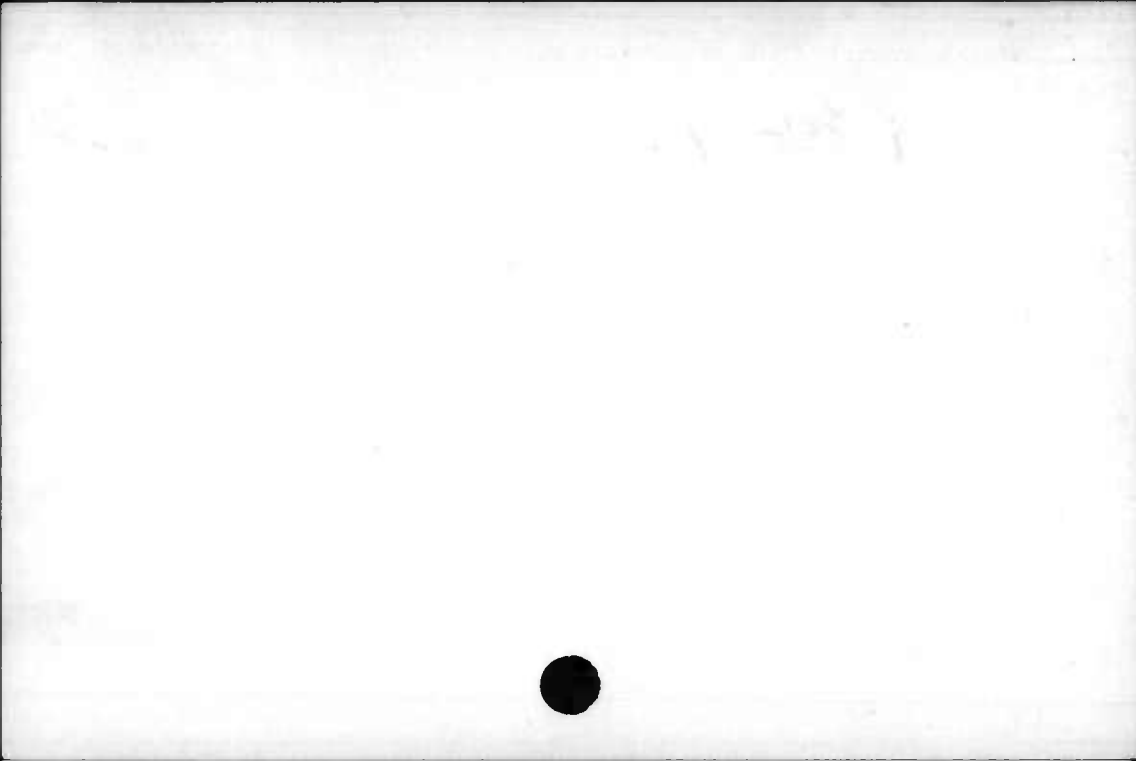
CAUSES OF DEATH

Primary	Pneumonia	How long	3 days
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Charles W. Flintham

CERTIFICATE OF DEATH

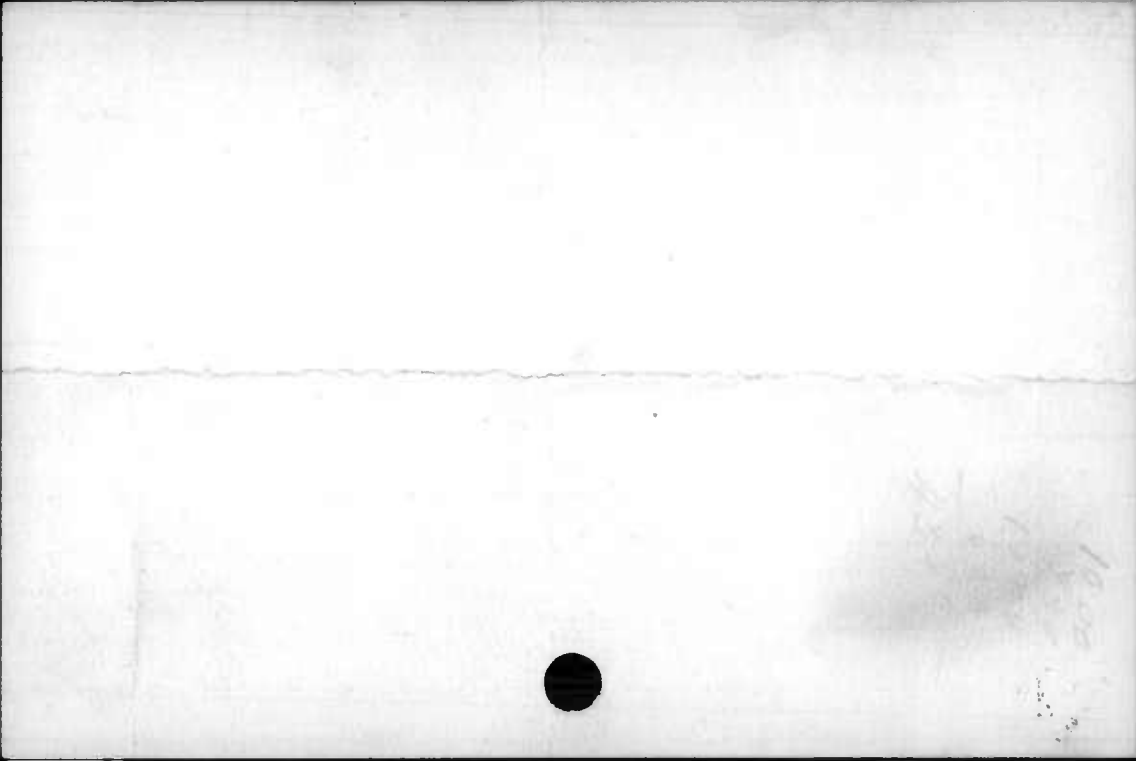
TO BE ANSWERED BY
NEAREST FRIEND

Died = <i>Middle Neck</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>15</i>	Age <i>37</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co. Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Bessie Harriett Flintham</i>				
Father's Name <i>William Flintham</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Caroline Flintham</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>John R. H. Price</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Gun shot wound self inflicted in</i>	How long
<i>head while suffering with typhoid fever</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature Physician <i>Rickotts Nelson</i>
	Address <i>Coroner of Cecil Co, Md</i>
	<i>Electon, Md</i>
Accident or Suicide?	



Name
in
Full

Hannah Friday

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb.</i> ^{Month}	<i>7th.</i> ^{Day}	<i>88</i> ^{Years}	<i>8</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cole Run Pa.</i>		
Occupation <i>Tailor</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>Caleb Brabson</i>	Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>Araminta Dickie</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>E. A. Harvey</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary <i>Senility</i>	How long <i>✓</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Theo A. Horvath</i>
	Address <i>North East Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Vernie May Fulton

CERTIFICATE OF DEATH

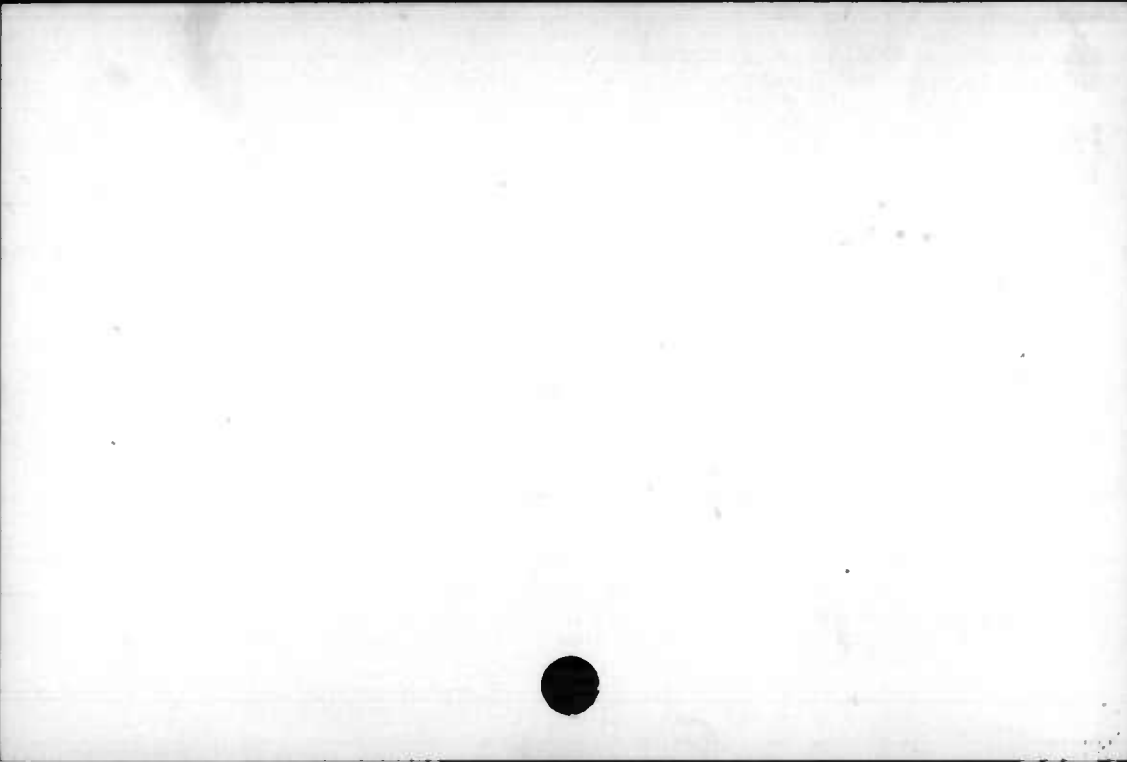
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crownings</i> Town		<i>leecle</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb.</i>	Day	<i>24</i>
Age	<i>X</i>	Years	<i>X</i>	Months	<i>18</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Eugene Fulton</i>			Father's Birthplace	<i>✓</i>
Mother's Maiden Name	<i>Vernie Atkinson</i>			Mother's Birthplace	<i>✓</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lalrippe</i>	How long	<i>10 days</i>
Immediate	<i>Paralysis Heart</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>DM Ragan</i>	
		Address	
		<i>Crownings</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>2</i> ^{Month}	<i>22</i> ^{Day}	<i>31</i> ^{Years}	<i>8</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Port-Deposit Md</i>		
Occupation <i>Manager of Telephone</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>L A C Gerry</i>	Father's Birthplace <i>Brunswick N J</i>		Mother's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Jane A Tammaman</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Jane A Gerry</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Fisher</i>
	Address <i>Port-Deposit, Md.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

May H. Goodyear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckton</i> Town		<i>Cecil</i> County		<i>3rd Dist</i> MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> Month	<i>24</i> Day	<i>35</i> Years	<i></i> Months	<i></i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co. Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Robert B. Goodyear</i>				
Father's Name <i>Josiah Hoodrow</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Jane Green</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Robert B. Goodyear</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Natural cause</i>	How long
Immediate <i>Rheumatism & Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ricketta Nelson</i>
	Address <i>Coroner of Cecil Co Eckton, Maryland</i>

1

721

Name
in
Full

George Gordon

CERTIFICATE OF DEATH

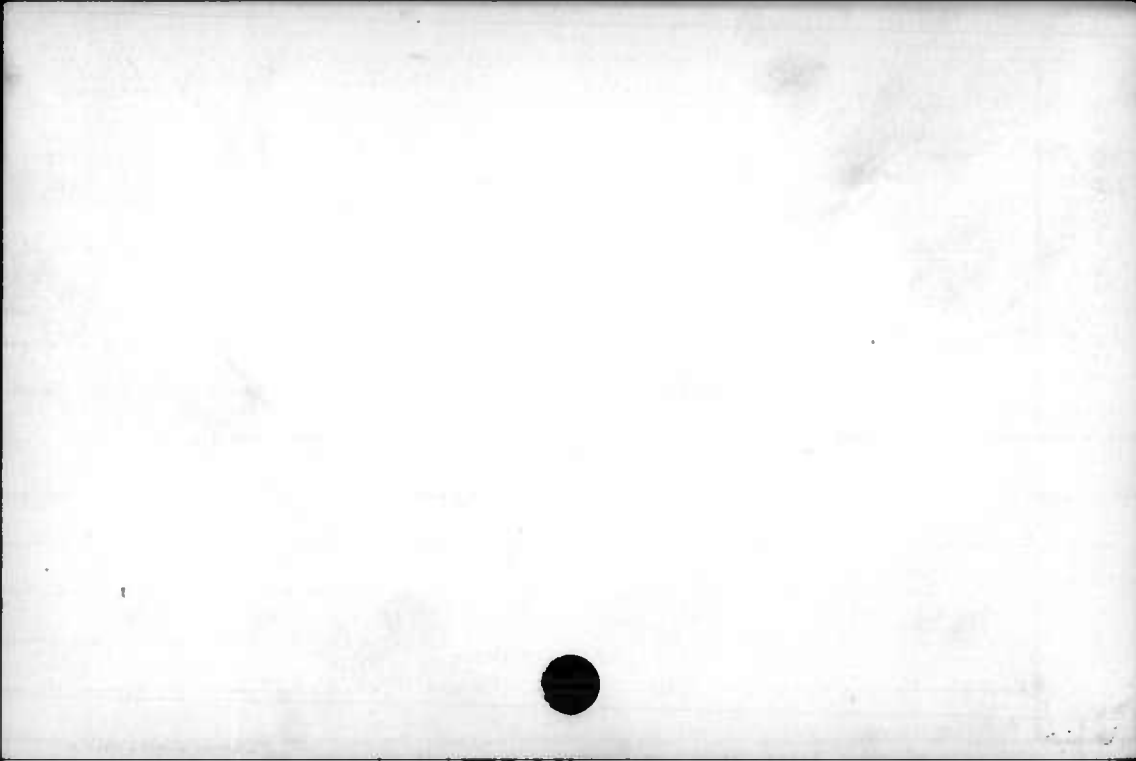
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Petersburg		County Bristol		MARYLAND	
Date of death	1907	Month 2	Day 25	Age 60	Months	Days	
Sex	Male		Color or Race	White colored		Birth- place	Ind
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Byrnes Gordon					Father's Birthplace	Wes
Mother's Maiden Name	Lydia Bollinger					Mother's Birthplace	Wes
Name of person giving information	Rebecca Wright					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	60
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		Dr. J. C. Crawley Bristol Md.		



Name
in
Full

Cornelius Hasson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Port-Depoit*

Town

Cecil

County

Date
of death *1907*Month
*2*Day
25

Age

Years
*63*Months
*—*Days
—

Sex

*Male*Color or
Race*White*Birth
place*Cecil Co Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Washington Hasson*Father's
Birthplace*Cecil Co Md*Mother's
Maiden Name*Mary A Whitaker*Mother's
Birthplace*" "*Name of person giving
Information*John Hasson*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Insane

How long

Long time

Immediate

Apoplexy

How long

*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

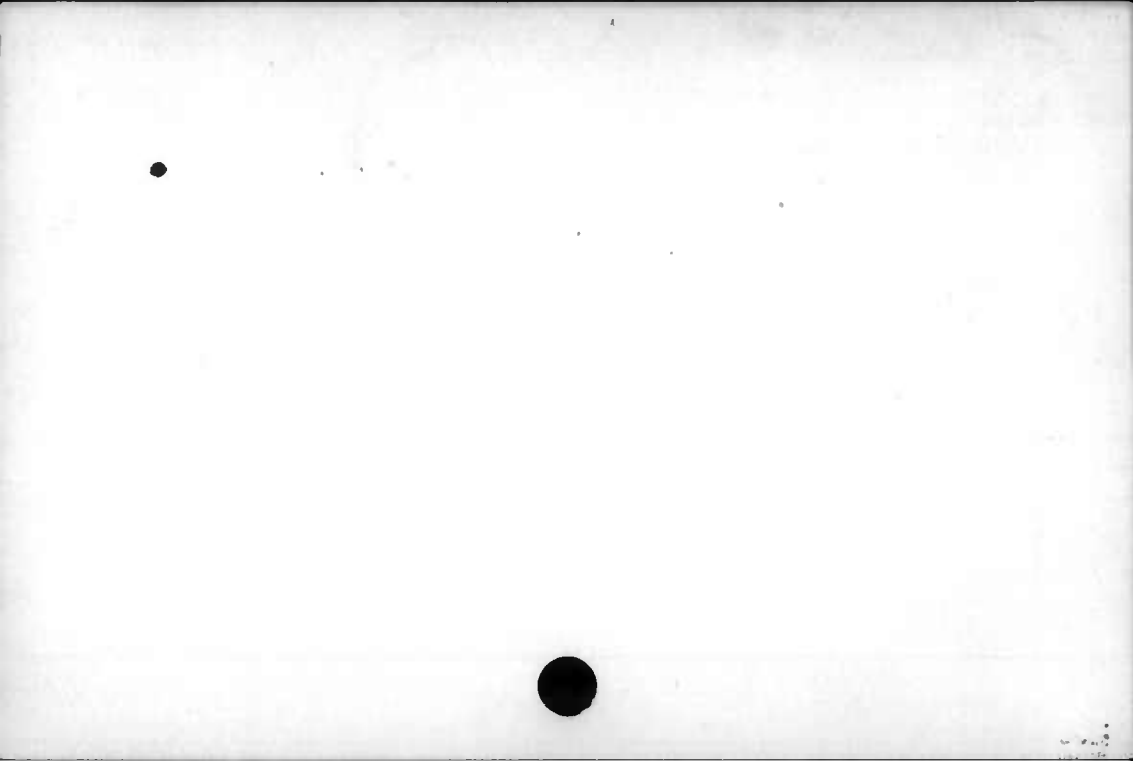
Address

H. A. Clemson
Port Deposit

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

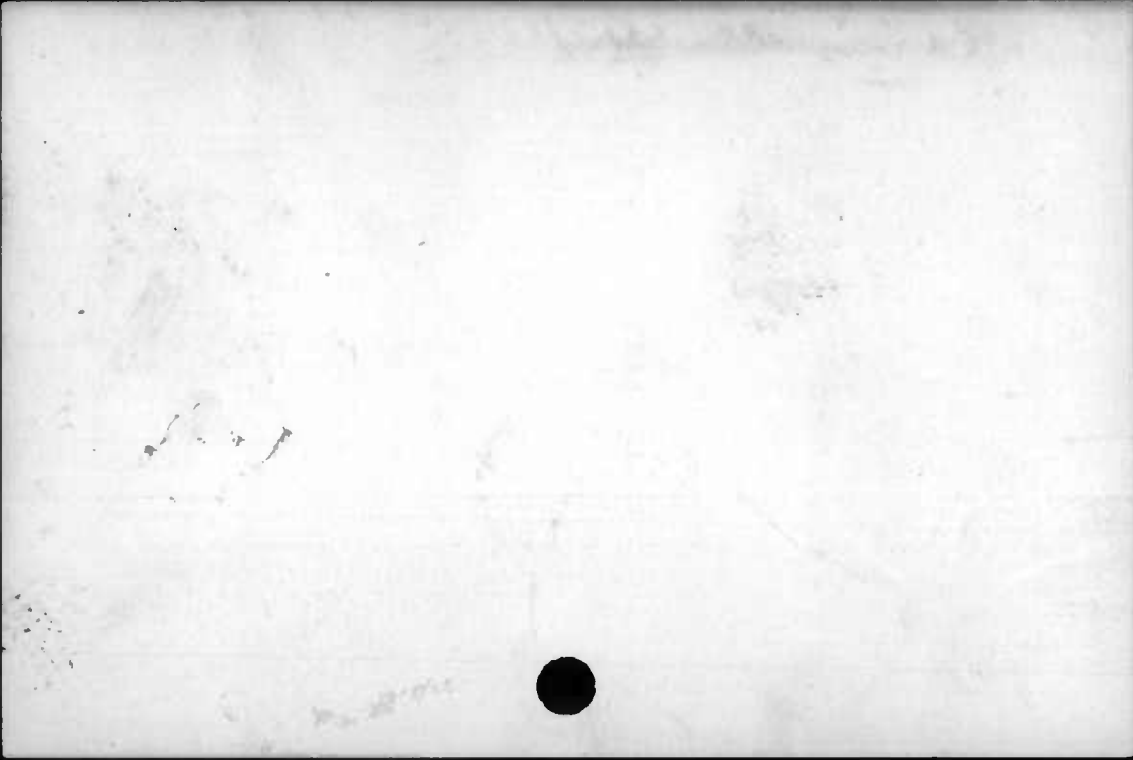
(at Kirk)
CERTIFICATE OF DEATH

Died at		Residing here		County Cecil		MARYLAND	
Date of death	1907	Month	July	Day	26	Age	64
Sex	Male	Color or Race	White	Birthplace	Cecil Co	Months	Days
Occupation	Farmer		Where Residing if not at place of death		Residing here		
Married, <input checked="" type="checkbox"/> Widowed	Married	Name of Wife or Husband	Sarah J Kirk				
Father's Name	Wm Kirk		Father's Birthplace	Cecil Co			
Mother's Maiden Name	Jane McLeagans		Mother's Birthplace	" "			
Name of person giving information	Clarence Kirk		How related to deceased	Son			

CAUSES OF DEATH

79

Primary	Mitral Disease of Heart & Hypertrophy	How long	a number of years
Immediate	Dilatation & Exhaustion	How long	one year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John H. Jones
		Address	Residing here
Accident or Suicide?			Med.



Name
in
Full

CERTIFICATE OF DEATH

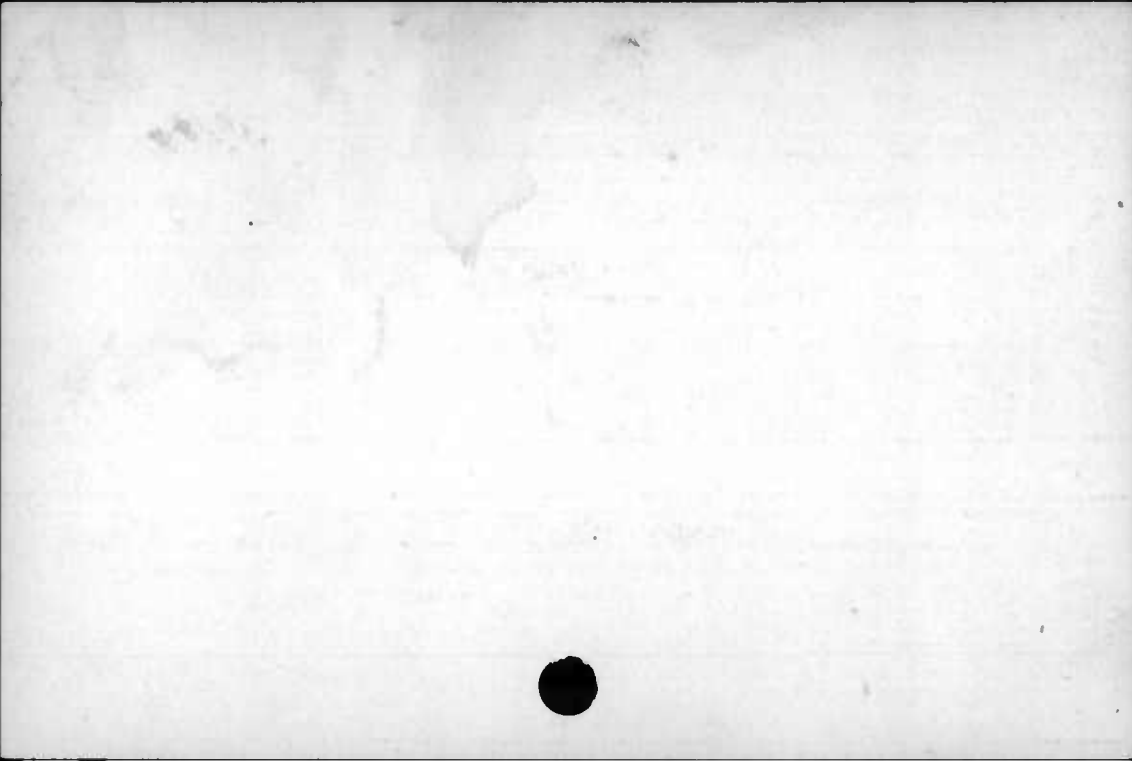
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Adolph Koepper		Town Port Deposit		County Cecil		State MARYLAND	
Died at Port Deposit		Month Feb		Day 23		Years 1	
Date of death 1907		Month Feb		Day 23		Years 1	
Sex Male		Color or Race White		Birth-place Maryland		Months 1	
Occupation None		Where Residing if not at place of death None		Days 4			
Married, Single or Widowed Single		Name of Wife or Husband None		Father's Birthplace Germany		Mother's Birthplace New York	
Father's Name Geo. Koepper		Mother's Maiden Name Marianne Weisgerber		How related to deceased Father			
Name of person giving information Geo. Koepper							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Permeation	How long 5 weeks
Immediate Engulfment	How long 151
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. H. Clum
	Address Port Deposit
Accident or Suicide? No	



Name
in
Full

William T Lyon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

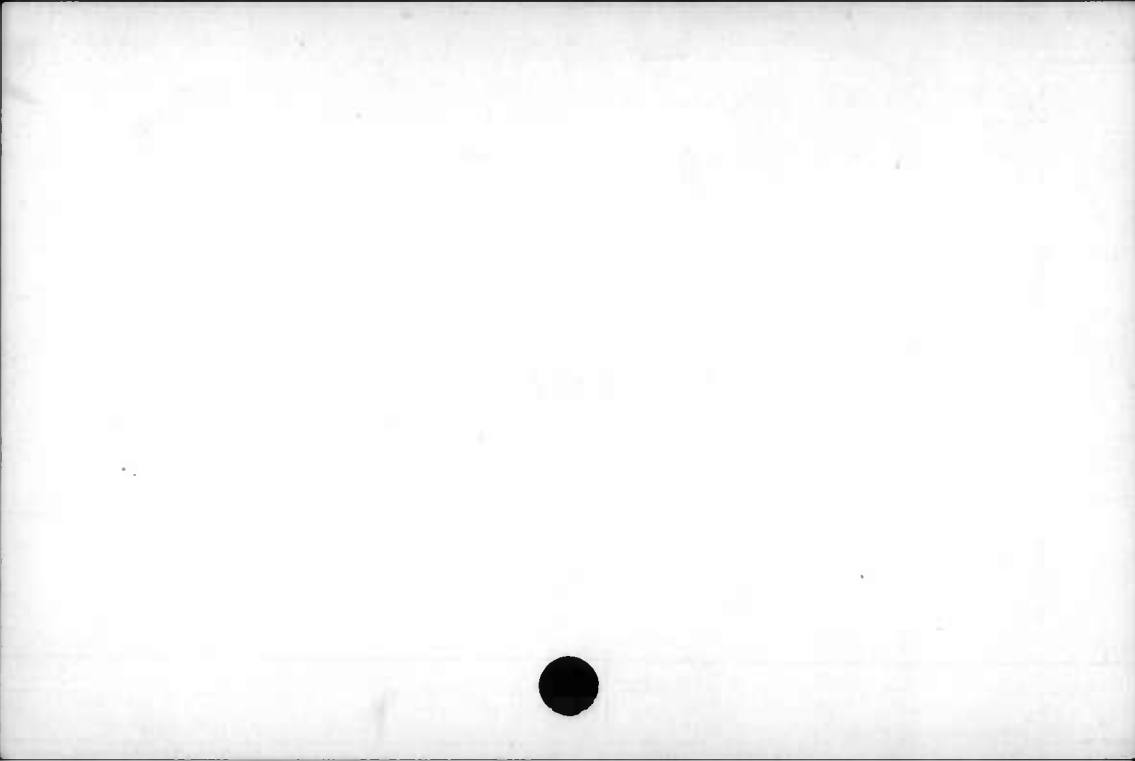
Died at <i>Port Deposit</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>27</i>	Age <i>71</i>	Years	Months <i>11</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Port Deposit Md</i>				
Occupation <i>Auctioneer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Martha E Lyon</i>					
Father's Name <i>_____</i>		Father's Birthplace					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace					
Name of person giving information <i>Annie Gerhauser</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>120</i>	Levitic Know
Immediate <i>Exhaustion</i>	How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Chamber</i>	
	Address <i>Port Deposit Md</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

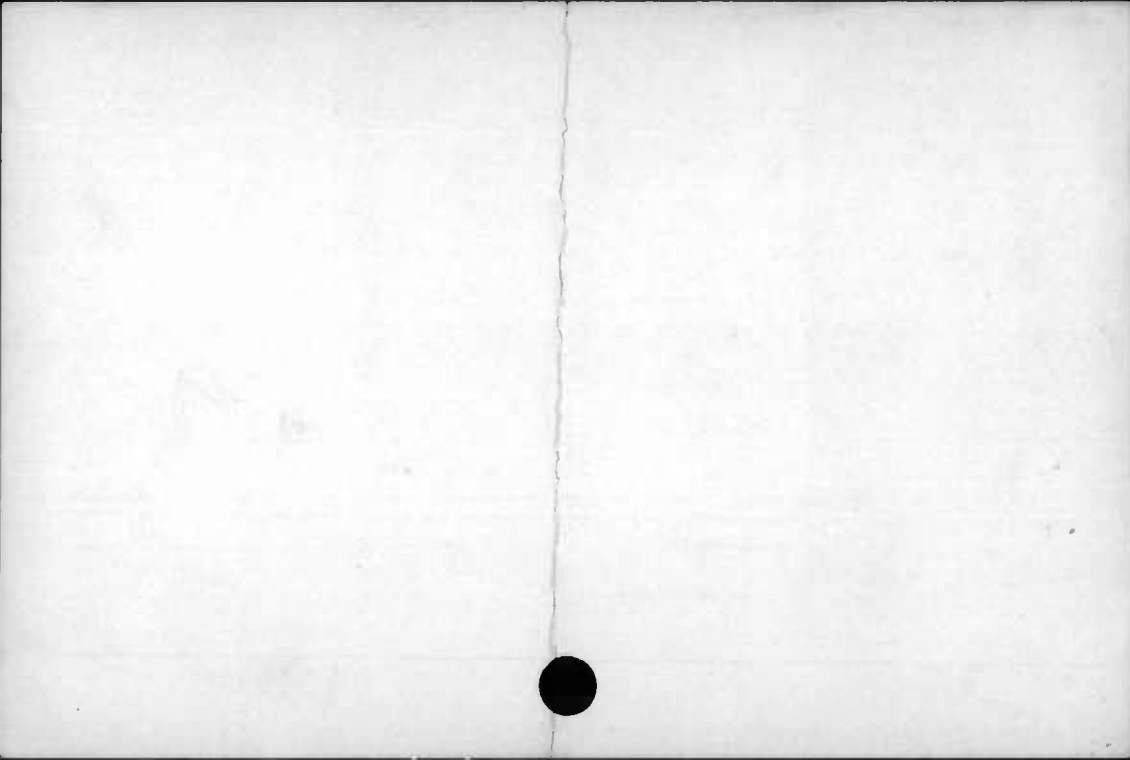
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>L. Hunter Mahoney</i>		Town <i>New North</i>		County <i>Ceskey</i>		MARYLAND	
Died at <i>New North</i>		Month <i>Feb.</i>		Day <i>14</i>		Years <i>66</i>	
Date of death <i>1904</i>		Months <i>66</i>		Days <i>66</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband					
Father's Name <i>Wm R Mahoney</i>		Father's Birthplace <i>Cecil Co</i>					
Mother's Maiden Name <i>Harriett Mahoney</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mary Mahoney</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>5 or 6 days</i>	
Immediate <i>Heart</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. [Signature]</i>	
		Address <i>North [Signature]</i>	
<div data-bbox="53 937 154 1030" style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px;">1</div> Accident or Suicide?			



Name
in
Full

Mrs Ellen Meagher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Rising Sun* ^{Town} *Cecil* ^{County} *County* **MARYLAND**

Date of death *1907* ^{Year} *Feb-* ^{Month} *17* ^{Day} *5* ^{Years} *8* ^{Months} ^{Days}

Sex *Female* Color or Race *white* Birth-place *Ireland*

Occupation *Housekeeper* Where Residing if not at place of death *home.*

Married, Single or Widowed *Married* Name of Wife or Husband *David Meagher*

Father's Name *Don't-Know* Father's Birthplace *Ireland*

Mother's Maiden Name *Don't-Know* Mother's Birthplace *Ireland*

Name of person giving information *Mrs Margaret Harvey* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *"La Grippe" & Pneumonia* How long *One week*

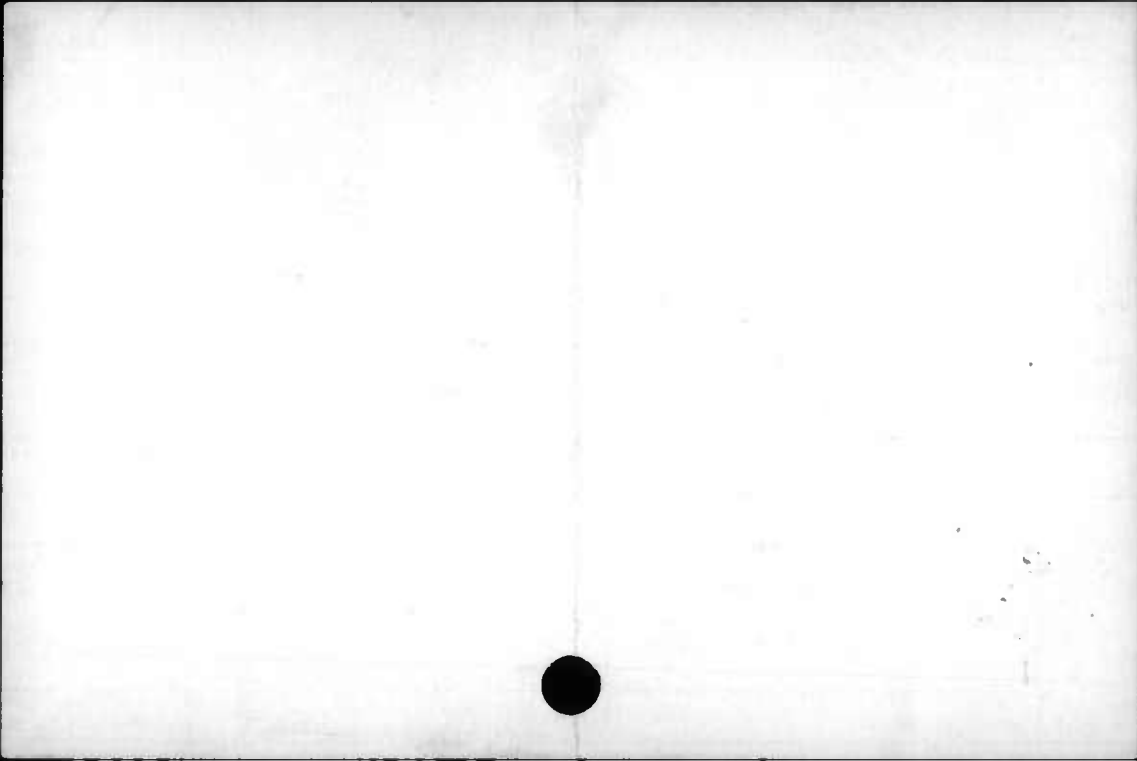
Immediate *Exhaustion* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John H. Jones*

Address *Rising Sun Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

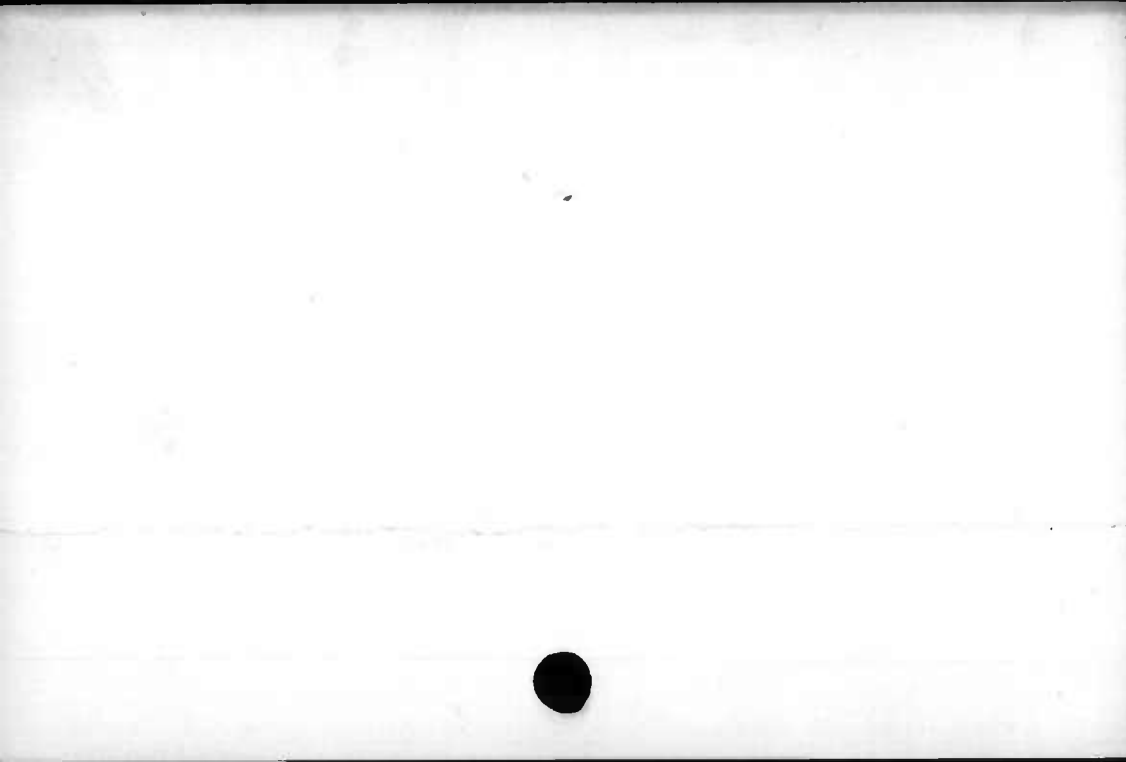
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cabrest</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death 190 <u>7</u>		Month <u>2</u>	Day <u>16</u>	Age <u>79</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Chrome Pa.</u>	
Occupation <u> </u>			Where Residing if not at place of death <u>Cabrest Md.</u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Levi Mearns</u>			
Father's Name <u>Jacob Hilaman</u>		Father's Birthplace <u>Penna.</u>			
Mother's Maiden Name <u>Martha Bye</u>		Mother's Birthplace <u>Penna.</u>			
Name of person giving information <u>Iva Mearns</u>		How related to deceased <u>Granddaughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>An injury by falling</u>	How long <u>166</u>
Immediate <u>General debility</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Richardson</u>
	Address <u>Colver Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

John W Owens

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit-</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	1907	Month	2	Day	13
Age		63		Years	
Sex		Male		Color or Race	Colored
Occupation		Labourer		Birth-place	Cecil Co Md
Where Residing if not at place of death		Place of Death.			
Married, Single or Widowed	Married	Name of Wife or Husband	Lucy Owens		
Father's Name	Jonas Owens	Father's Birthplace	Cecil Co		
Mother's Maiden Name	Jane Hawkins	Mother's Birthplace	" "		
Name of person giving information	James Clarke.	How related to deceased	Wife.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	Six to 8 months
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. E. Brown.	
Address		Port Deposit.	
Accident or Suicide?			



Name
in
Full

Martha Jane Patten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit.</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>February</i>		Day <i>16th</i>		Age <i>74</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Port Deposit.</i>		Months		Days	
Occupation <i>Retired</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>John P. Patten</i>				Father's Birthplace <i>Port Deposit.</i>					
Mother's Maiden Name <i>Cather Steel</i>				Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Thos H. Patten</i>				How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary <i>Lifting of Brain</i>		How long <i>15</i>		<i>Two years -</i>	
Immediate <i>Paralysis -</i>		How long <i>15</i>		<i>15</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Dr. M. Stump</i>			
		Address <i>Prmyville</i>			
		<i>M.D.</i>			
Accident or Suicide?					

PHYSICIAN
OR CORONER

1

Thur 2 -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJeremiah Missouri Peterson
Died at *Gloucester City* Town *Acc* County

MARYLAND

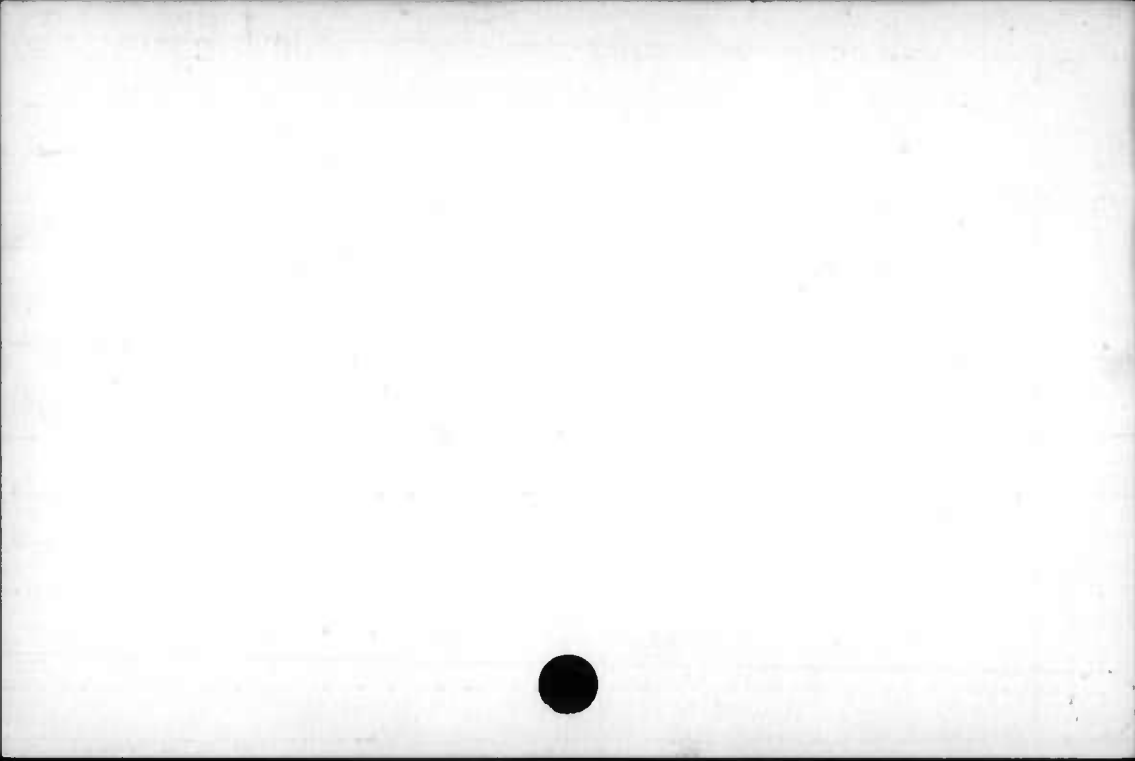
Date of death 1907 *July* Month *24* Day Age *60* Years Months *10* DaysSex *Male* Color or Race *White* Birth-place *New Jersey*Occupation *Engineer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Eileen Peterson*Father's Name *Jeremiah Peterson* Father's Birthplace *N.J.*Mother's Maiden Name *Eliza Peterson* Mother's Birthplace *N.J.*Name of person giving information *Eileen Peterson* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Carcinoma of Prostate* How long *6 months*Immediate *Metastatic Carcinomatous growths* How long *8 months*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Clifton C. Lawz M.D.*Address *Gloucester City, Maryland.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>1</i>	Years <i>40</i>	Months	Days
<i>White</i>	Color or Race	<i>male</i>	Birth-place	<i>Ind.</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Alms House</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Not known</i>	Father's Birthplace <i>Not known</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>" "</i>	How related to deceased <i>Not related</i>				
Name of person giving information <i>John Mahoney</i>					

CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. E. Miller</i>
	Address <i>North East, Ind.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER
1

Internment at Leeds

ass

0 L 1

Name *E. Crawford Smith*

CERTIFICATE OF DEATH

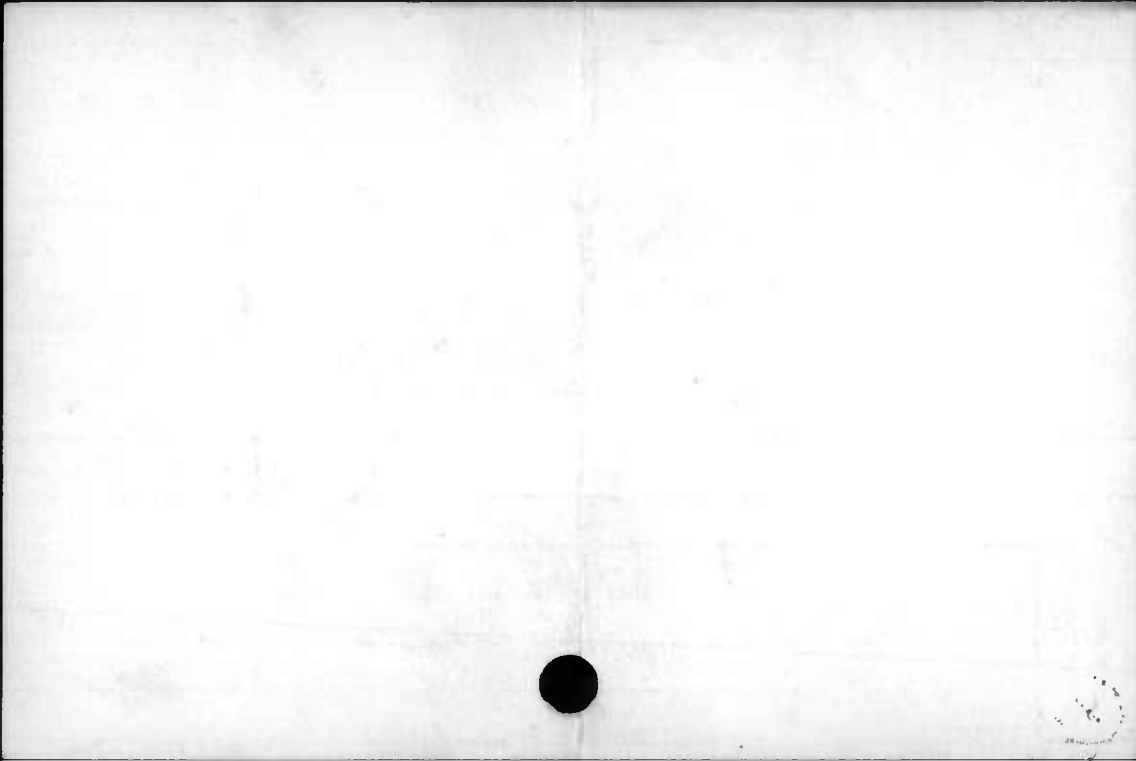
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cecilton</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>22</i>	Age <i>22</i>	Years	Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co. Md.</i>		
Occupation <i>Clk</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>James Smith</i>	✓			Father's Birthplace <i>Cecil Co. Md.</i>	
Mother's Maiden Name <i>Rebecca McGill</i>				Mother's Birthplace <i>Cecil Co. Md.</i>	
Name of person giving information <i>James H. Smith</i>				How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pistol shot wound self</i>	How long
Immediate <i>inflicted</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Richards Nelson</i>
	Address <i>Coroner of Cecil Co. Cecilton, Md.</i>
Accident or Suicide?	



Name
in
Full

Ann S Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at

Lisby

Town

County

Date

of death

1904 Feb 27

Month

Day

26

Age

Years

78

Months

Days

Sex

female

Color or
Race

white

Birth-
place

ecil ce mel

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
HusbandFather's
Name

Joseph Mcclary

Father's
Birthplace

not known

Mother's
Maiden Name

Jane Heath

Mother's
Birthplace

not known

Name of person giving
information

Mary E Benjamin

How related
to deceased

daughter

CAUSES OF DEATH

Primary

General Debility

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature
Physician

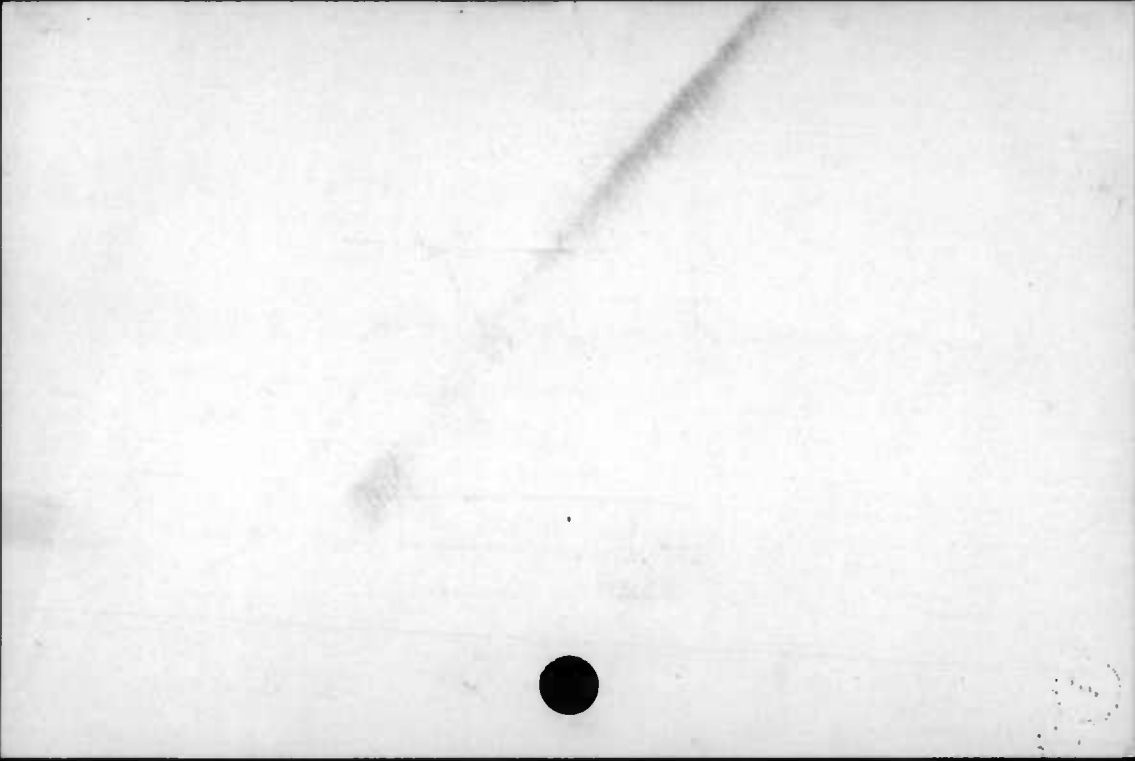
Address

154
B. H. Henshaw
North East

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Marle E Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>2</i> ^{Month}	<i>17</i> ^{Day}	Age <i>1</i> ^{Years}	<i>3</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Port Deposit Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William H Walker</i>		Father's Birthplace <i>Cecil Co Ind</i>			
Mother's Maiden Name <i>Lily Preswell</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>William H Walker</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary *Pneumonia* 93 How long *about 1 week*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

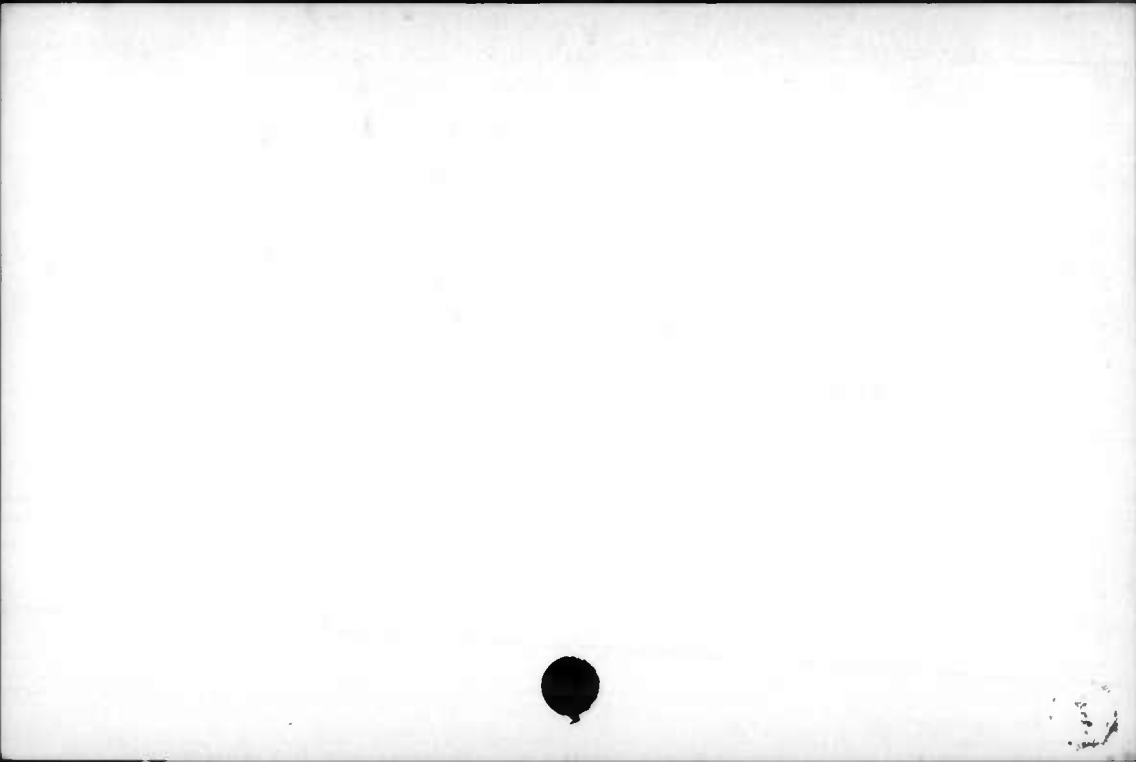
Yes

Signature of Physician

Address

H E Clemens
Port Deposit Ind

Accident or Suicide?



Name
in
Full

Wm N Ward St Georges

CERTIFICATE OF DEATH

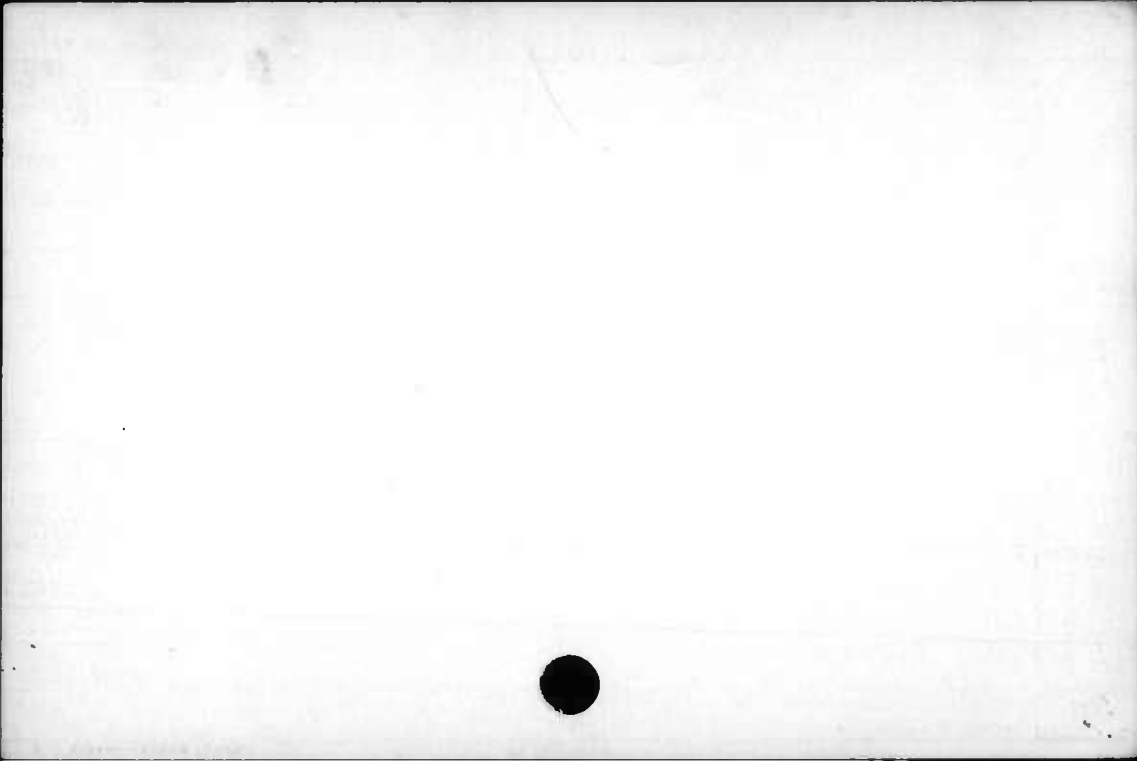
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neon Elkton</i>		Town <i>Elkton</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>17</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>NJ</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>David Ward</i>			Father's Birthplace <i>NJ</i>				
Mother's Maiden Name <i>Sarah Wickerson</i>			Mother's Birthplace <i>NJ</i>				
Name of person giving information <i>Sarah Henderson</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>91</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm W. Wetcher</i>
	Address <i>Elkton Md.</i>
Accident or Suicide?	



Name
in
Full

Anna Bell Whitten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elderton		County		Beech		MARYLAND			
Date		Month		Day		Years		Months		Days	
of death		1907		Feb		5		Age		70	
Sex		Female		Color or Race		white		Birth-place		Ireland	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Patric Whitten		Father's Birthplace		Ireland					
Mother's Maiden Name		Julia		Mother's Birthplace		Ireland					
Name of person giving information		Margaret Whitten		How related to deceased		Sister					

CAUSES OF DEATH

Primary	Apoplexy	(64)	How long	one day
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Elderton	
			Md.	
Accident or Suicide?				

PHYSICIAN
OR CORONER

22

Name
in
Full

CERTIFICATE OF DEATH

Matilda Wilson

Died at North East Cecil

MARYLAND

Date of death 1907 Feb 10 Age 1 5

Sex Female Color or Race Colored Birth-place North East

Occupation _____ Where Residing if not at place of death Elkton

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Dallas Garfield Wilson Father's Birthplace Elkton

Mother's Maiden Name Irene Browner Mother's Birthplace North East

Name of person giving information Irene Wilson How related to deceased Mother

CAUSES OF DEATH

Primary

Inammitia

How long

Immediate

How long

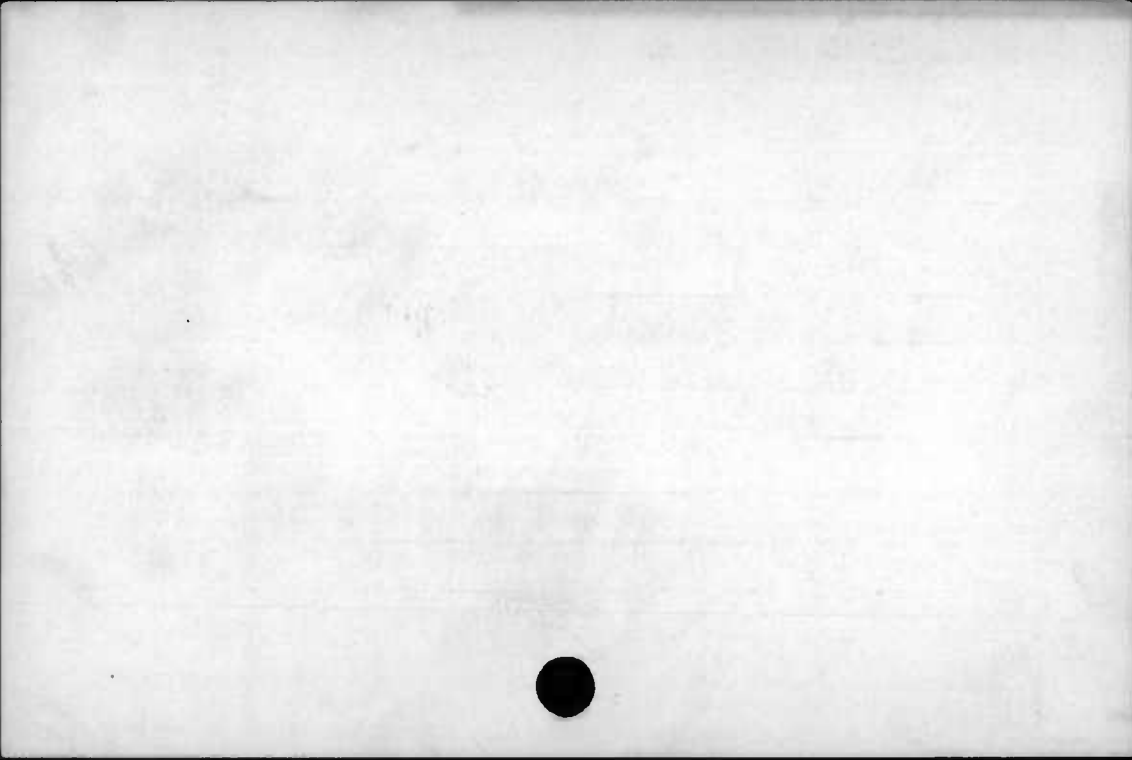
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR
CORONER



Name
in
Full

Lucy Ellen Gost

4 Weeks
11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cherry Hill</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>July</u> <small>Day</small> <u>23</u> <small>Years</small> <u>66</u>		<u>66</u> <small>Months</small>		<u>66</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>New Jersey</u>	
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Philip G. Gost</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Jacob Seabolt</u>		Father's Birthplace <u>New Jersey</u>			
Mother's Maiden Name <u>Mary Williamson</u>		Mother's Birthplace <u>New Jersey</u>			
Name of person giving information <u>James Gost</u>		How related to deceased <u>Son</u>			

PHYSICIAN
OR
CORONER

CAUSES OF DEATH

Primary	<u>La Grippe</u>	How long	<u>5 Weeks</u>
Immediate	<u>Cardiac Asthenia</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. P. Parnice M.D.</u>	
		Address <u>Cherry Hill</u>	
Accident or Suicide? <u> </u>			

141

